



Application for  
**CLASSIFIED SUPPORT STAFF EMPLOYMENT**

**PERSONAL DATA** (Please type or print)

Name (Last, Middle, First) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Other): \_\_\_\_\_

Are you a U.S. citizen? YES or NO? If no, do you have legal authorization to work in the United States? YES or NO?

Social Security No. \_\_\_\_\_ When are you available for employment? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**POSITION DESIRED**

If you are applying for a specific vacant position, please list \_\_\_\_\_

If you are applying for positions that may open in the future or you are interested in other types of positions, please check each category below in which you are interested and for which you are qualified:

Custodial     Instructional Aide/Classroom Support     Secretarial/Clerical Office Support  
 Food Service     Maintenance/Labor/Crafts     Other (list general category) \_\_\_\_\_

Would you accept any of the following types of employment?  Part-time  Full-time  Substitute  Temporary. List the days of the week, time of year, time of day or other information regarding when you are generally available to work:

Date of Application: \_\_\_\_\_

**EDUCATION, TRAINING & SKILLS**

Please circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6

| Last High School Attended | Location | Graduation Date |
|---------------------------|----------|-----------------|
|                           |          |                 |

| Name of Colleges, Trade, Business or Other Training Schools Attended | Location | Major or Field of Study | Graduation Date | From | To | Type of Degree Diploma |
|--|----------|-------------------------|-----------------|------|----|------------------------|
|  |          |                         |                 |      |    |                        |
|  |          |                         |                 |      |    |                        |
|  |          |                         |                 |      |    |                        |
|  |          |                         |                 |      |    |                        |

Describe any special training received in addition to that listed above: \_\_\_\_\_  
 \_\_\_\_\_

If you have any of the following skills, please check the appropriate box:

\_\_\_ Typing Words per minute \_\_\_\_\_ Shorthand Words per minute \_\_\_\_\_

\_\_\_ Journeyman skill level in construction or trades List skills/trades \_\_\_\_\_

\_\_\_ Other: List any other skills you have relevant to the job you are applying for \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT EXPERIENCE & OTHER QUALIFICATIONS**

Indicate the following areas in which you have experience and are proficient:

COMPUTER USE (List program(s), version & years of experience)

- \_\_\_ Word processing \_\_\_\_\_
- \_\_\_ Spreadsheet \_\_\_\_\_
- \_\_\_ Desktop Publishing \_\_\_\_\_
- \_\_\_ Database \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_

List any other special qualifications, experience or skills you may have (licenses, certificates, skills with certain tools or machines, volunteer or community service, memberships, etc.) \_\_\_\_\_  
 \_\_\_\_\_

Do you have a Driver's License? \_\_\_ YES \_\_\_ NO \_\_\_ Commercial (CDL) (driver's license may not be necessary for employment)

**EMPLOYMENT EXPERIENCE** (List most recent experience first and indicate whether position was full-time or part-time)

1. Name of employer \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Dates of employment: From (month/year) \_\_\_\_\_ To (month/year) Current \_\_\_\_\_ Last Salary \_\_\_\_\_  
 Immediate supervisor: Name: \_\_\_\_\_ Title \_\_\_\_\_ Phone: \_\_\_\_\_  
 Title of the position you held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 Brief description of duties & responsibilities: \_\_\_\_\_

2. Name of employer \_\_\_\_\_  
 Mailing address: Street or P.O. Box: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Dates of employment: From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_ Last Salary \_\_\_\_\_  
 Immediate supervisor: Name: \_\_\_\_\_ Title \_\_\_\_\_ Phone: \_\_\_\_\_  
 Title of the position you held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 Brief description of duties & responsibilities: \_\_\_\_\_

3. Name of employer \_\_\_\_\_  
 Mailing address: Street or P.O. Box \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Dates of employment: From (month/year) \_\_\_\_\_ To (month/year) \_\_\_\_\_ Last Salary \_\_\_\_\_  
 Immediate supervisor: Name: \_\_\_\_\_ Title \_\_\_\_\_ Phone: \_\_\_\_\_  
 Title of the position you held: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 Brief description of duties & responsibilities: \_\_\_\_\_

**OTHER RECENT WORK EXPERIENCE** (List most recent experience first)

| Employer's Name | Location | Position/Nature of Work | Dates |
|-----------------|----------|-------------------------|-------|
|                 |          |                         |       |
|                 |          |                         |       |

If you have ever served in the U.S. military:  
 Dates served \_\_\_\_\_ Branch of service \_\_\_\_\_ Type of discharge \_\_\_\_\_

**REFERENCES & OTHER INFORMATION**

**PERSONAL REFERENCES** (Give names and addresses of three references who have first hand knowledge of your personality, character and work habits—do not include personal friends or relatives ,former employers or co-workers are preferred)

| Name (complete) | Position, Title or Occupation | Address | Phone |
|-----------------|-------------------------------|---------|-------|
|                 |                               |         |       |
|                 |                               |         |       |
|                 |                               |         |       |

**OTHER INFORMATION**

Fingerprint Clearance Card **Y or N**      Food Handlers Card **Y or N**      First Aide/CPR **Y or N**

Have you ever been involuntarily terminated or asked to resign from employment? **YES** or **NO** If yes, please give the following:

Name of employer \_\_\_\_\_ Date of termination/resignation \_\_\_\_\_

Reason for the termination or request of resignation \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ **YES** or \_\_\_\_\_ **NO** If yes, state briefly your reason for desiring a change:

Please list any foreign languages in which you are fluent: \_\_\_\_\_

Did you have a job-related accident in your last job? \_\_\_\_\_ **YES** or \_\_\_\_\_ **NO** If yes, describe accident, injury and number of workdays lost. (A “yes” answer will not necessarily prohibit you from being considered for employment with Paramount Academy)

Are you aware of any reason you would not be able to perform the duties of the position for which you are applying? \_\_\_\_\_ **YES** or \_\_\_\_\_ **NO** If yes, please explain: \_\_\_\_\_

If you have ever worked or applied for work under a different name, give name: \_\_\_\_\_

I hereby certify that the information presented on this application, its attachments and related forms is true, accurate and complete. I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of the Paramount Academy Charter School District. I authorize the Paramount Academy Charter School District to make reference checks and I will execute such documents to facilitate this investigation. I understand that my employment is not finalized until the background investigation has been completed. I understand that misrepresentation or omission of pertinent facts may be cause for dismissal.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***AN EQUAL OPPORTUNITY EMPLOYER***

*Applicants are considered for the job based upon job related qualifications without regard to race, religion, color, age, national origin, sex, physical handicap or disability or other protected classifications under state and federal equal opportunity laws.*